1 EXPANDED MODIFIED MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD -- FROM CMS DATA DICTIONARY -- 06/2002

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
****	EXPANDED MODIFIED MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD	REC	550	1	550	THE MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) FILE CONTAINS RECORDS FOR 100 PERCENT OF MEDICARE BENEFICIARIES USING HOSPITAL INPATIENT SERVICES. THE RECORDS ARE STRIPPED OF MOST DATA ELEMENTS THAT WILL PERMIT IDENTIFICATION OF BENEFICIARIES. THE HOSPITAL IS IDENTIFIED BY THE SIX POSITION MEDICARE PROVIDER NUMBER. THE FILE IS AVAILABLE TO PERSONS QUALIFYING UNDER THE TERMS OF THE ROUTINE USE ACT AS OUTLINED IN THE DECEMBER 24, 1984 FEDERAL REGISTER, AND AMENDED BY THE JULY 2, 1985 NOTICE. SIGNED DATA RELEASE AGREEMENT REQUIRED. FOR ALL FILES REQUIRING A SIGNED DATA RELEASE AGREEMENT, PLEASE WRITE OR CALL TO OBTAIN A BLANK AGREEMENT FORM BEFORE PLACING ORDER. TWO VERSIONS OF THIS FILE ARE CREATED EACH YEAR. 1. NOTICE OF PROPOSED RULING (NPRM) PUBLISHED IN THE FEDERAL REGISTER, USUALLY AVAILABLE BY THE END OF MAY. THIS FILE IS DERIVED FROM THE MEDPAR FILE WITH A CUTOFF OF THREE MONTHS AFTER THE END OF THE FISCAL YEAR (DECEMBER FILE). 2. FINAL RULE PUBLISHED IN THE FEDERAL REGISTER, USUALLY AVAILABLE BY THE FIRST WEEK OF SEPTEMBER. THIS FILE IS DERIVED FROM THE MEDPAR FILE WITH A CUTOFF OF NINE MONTHS AFTER THE END OF THE FISCAL YEAR (JUNE FILE). SYSTEM ALIAS: MEDPARE
1.	FILLER	CHAR	1	1	1	STANDARD ALIAS: FILLER SAS ALIAS: FILLER

2. AGE	CHAR	1	2	2	THIS FIELD DENOTES THE AGE AS OF THE DATE OF ADMISSION. IT IS CALCULATED FROM THE BENEFICIARY'S DATE OF BIRTH. CODES: 1 = LESS THAN 25 2 = 25 - 44 3 = 45 - 64 4 = 65 - 69 5 = 70 - 74 6 = 75 - 79 7 = 80 - 84 8 = 85 - 84 9 = 90 AND OVER SOURCE: CALCULATED IN HCFA FROM ORIGINAL BILLS AND PAYMENT RECORDS
3. SEX	CHAR	1	3	3	THIS FIELD INDICATES THE SEX OF THE BENEFICIARY.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					STANDARD ALIAS: BENE_SEX_IDENT_CD CODES: 0 = UNKNOWN 1 = MALE 2 = FEMALE SOURCE: SSA AND RRB BENEFICIARY RECORD SYSTEMS LIMITATIONS:

					UNKNOWN IS USUALLY AN RRB DEFICIENCY IN REPORTING. IF THE SEX IS NOT INDICATED ON THE BILL, THE SEX IS CODED AS UNKNOWN.
4. BENEFICIARY RACE CODE	CHAR	1	4	4	THE RACE OF A BENEFICIARY. STANDARD ALIAS: BENE_RACE_CD SAS ALIAS: RACE TITLE ALIAS: RACE_CD DA3 ALIAS: RACE_CODE CODES: 0 = UNKNOWN 1 = WHITE 2 = BLACK 3 = OTHER 4 = ASIAN 5 = HISPANIC 6 = NORTH AMERICAN NATIVE SOURCE: SSA
5. MEDICARE STATUS CODE	CHAR	2	5	6	THIS FIELD SPECIFIES THE REASON FOR THE BENEFICIARY'S ENTITLEMENT. STANDARD ALIAS: BENE_MDCR_STUS_CD COMMON ALIAS: MSC CODES: 10 = AGED WITHOUT ESRD 11 = AGED WITH ESRD 20 = DISABLED WITHOUT ESRD 21 = DISABLED WITH ESRD 31 = ESRD ONLY SOURCE: THIS FIELD IS CODED FROM AGE, ORIGINAL REASON FOR ENTITLEMENT, CURRENT REASON FOR ENTITLEMENT AND ESRD INDICATOR CONTAINED

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					IN THE ENROLLMENT DATA BASE AT THE CENTRAL OFFICE AT THE DATE OF PROCESSING.
6. STATE CODE	CHAR	2	7	8	THIS FIELD SPECIFIES THE STATE OF RESIDENCE OF THE BENEFICIARY AND IS BASED ON THE MAILING ADDRESS USED FOR CASH BENEFITS OR THE MAILING ADDRESS USED FOR OTHER PURPOSES (FOR EXAMPLE, PREMIUM BILLING). THIS INFORMATION IS MAINTAINED FROM CHANGE OF ADDRESS NOTICES SENT IN BY THE BENEFICIARIES, AND IS APPENDED TO THE RECORD AT TIME OF PROCESSING IN CENTRAL OFFICE. THE CODING SYSTEM IS THE SSA SYSTEM, NOT THE FEDERAL INFORMATION PROCESSING STANDARD (FIPS). STANDARD ALIAS: BENE_RSDNC_SSA_STD_STATE_CD CODES: 01 = ALABAMA 02 = ALASKA 03 = ARIZONA 04 = ARKANSAS 05 = CALIFORNIA 06 = COLORADO 07 = CONNECTICUT 08 = DELAWARE 09 = DISTRICT OF COLUMBIA 10 = FLORIDA 11 = GEORGIA 12 = HAWAII 13 = IDAHO 14 = ILLINOIS 15 = INDIANA 16 = IOWA

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					17 = KANSAS 18 = KENTUCKY 19 = LOUISIANA 20 = MAINE 21 = MARYLAND 22 = MASSACHUSETTS 23 = MICHIGAN 24 = MINNESOTA 25 = MISSISSIPPI 26 = MISSOURI 27 = MONTANA 28 = NEBRASKA 29 = NEVADA 30 = NEW HAMPSHIRE 31 = NEW JERSEY 32 = NEW MEXICO 33 = NEW YORK 34 = NORTH CAROLINA 35 = NORTH DAKOTA 36 = OHIO 37 = OKLAHOMA 38 = OREGON 39 = PENNSYLVANIA 40 = PUERTO RICO 41 = RHODE ISLAND 42 = SOUTH CAROLINA
					43 = SOUTH DAKOTA 44 = TENNESSEE 45 = TEXAS 46 = UTAH 47 = VERMONT 48 = VIRGIN ISLANDS 49 = VIRGINIA 50 = WASHINGTON

51 = WEST VIRGINIA
52 = WISCONSIN
53 = WYOMING
54 = AFRICA
55 = ASIA
56 = CANADA & ISLANDS
57 = CENTRAL AMERICA AND WEST INDIES
58 = EUROPE
59 = MEXICO
60 = OCEANIA
61 = PHILIPPINES
62 = SOUTH AMERICA
63 = U.S. POSSESSIONS
64 = AMERICAN SAMOA
65 = GUAM
66 = SAIPAN
OR NORTHERN MARIANAS
97 = NORTHERN MARIANAS
98 = GUAM
99 = WITH 000 COUNTY CODE IS AMERICAN SAMOA;
OTHERWISE UNKNOWN

SOURCE:
SSA AND RRB BENEFICIARY RECORD SYSTEMS.
FOR RRB BENEFICIARIES, THE STATE IS CODED
IN SSA BASED ON MAILING ADDRESS.

LIMITATIONS:
IN SOME CASES, THE CODE MAY NOT BE THE
ACTUAL STATE OF RESIDENCE. (FOR EXAMPLE,
IF THE BENEFICIARY HAS A REPRESENTATIVE PAYEE).

7. FILLER	CHAR	3	9	11	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
8. FILLER	CHAR	1	12	12	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
9. FILLER	CHAR	1	13	13	STANDARD ALIAS: FILLER SAS ALIAS: FILLER

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
10. DAY OF ADMISSION	NUM	1	14	14	THIS FIELD SPECIFIES THE DAY OF THE WEEK THE ADMISSION OCCURRED. 1 DIGIT CODES: 1 = SUNDAY

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					2 = MONDAY 3 = TUESDAY 4 = WEDNESDAY 5 = THURSDAY 6 = FRIDAY 7 = SATURDAY SOURCE: UNIFORM BILL 82, FORM HCFA-1450, ITEM 15 (DATE OF ADMISSION)
11. DISCHARGE STATUS	CHAR	1	15	15	THIS FIELD SPECIFIES THE BENEFICIARY'S CONDITION ON THE DATE OF DISCHARGE FROM THE HOSPITAL. CODES: A = DISCHARGED ALIVE B = DISCHARGED DEAD C = STILL A PATIENT SOURCE: UNIFORM BILL 82, FORM HCFA-1450, ITEM (DISCHARGE DESTINATION)'
12. HMO/READMISSION INDICATOR	CHAR	1	16	16	THIS FIELD SPECIFIES (A) WHETHER AN HMO IS PAYING FOR SERVICES PROVIDED, (B) WHETHER THE

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					PATIENT HAS BEEN READMITTED WITHIN SEVEN DAYS OF AN EARLIER DISCHARGE, OR (C) BOTH. CODES: 0 = NOT PAID BY HMO 1 = PAID BY HMO 2 = READMISSION WITHIN SEVEN DAYS OF DISCHARGE 3 = BOTH CONDITIONS PRESENT SOURCE: CODED AT CENTRAL OFFICE.
13. PPS INDICATOR	CHAR	1	17	17	THIS FIELD SPECIFIES WHETHER A HOSPITAL IS BEING PAID UNDER THE PROSPECTIVE PAYMENT SYSTEM (PPS). CODES: 0 = NOT PPS 1 = DEEMED FEDERAL EMPLOYEE 2 = PPS 3 = BOTH DEEMED FEDERAL EMPLOYEE AND PPS SOURCE: THE PPS INDICATOR IS SET AT THE CENTRAL OFFICE AND IS CODED BY THE INTERMEDIARY. A CODE OTHER THAN '65' IN THE UNIBILL CONDITION CODE FIELD INDICATES THAT THIS IS A PPS PROVIDER. LIMITATIONS: EXPERIENCE WITH THE INDICATOR SHOWS THAT IT WAS UNRELIABLE IN 1983, 1984, AND 1985.
14. MEDICARE PROVIDER NUMBER	CHAR	6	18	23	THIS FIELD SPECIFIES THE INSTITUTION THAT RENDERED SERVICES TO A BENEFICIARY. THIS IS

THE UNIQUE NUMBER ISSUED BY THE HCFA REGIONAL OFFICE TO A PROVIDER OF SERVICES UPON INITIAL CERTIFICATION FOR PARTICIPATION IN THE MEDICARE PROGRAM.

CODES:
SSTPPP WHERE:
SS = STATE OF THE PROVIDER
(SSA STANDARD STATE CODES)
T = TYPE OF PROVIDER
PPP = PROVIDER SEQUENCE NUMBER
- FIRST TWO POSITIONS ARE THE STATE CODE.

- POSITIONS 3 AND SOMETIMES 4 ARE USED AS A CATEGORY IDENTIFIER. THE REMAINING POSITIONS ARE SERIAL NUMBERS. THE FOLLOWING BLOCKS OF NUMBERS ARE RESERVED FOR THE FACILITIES INDICATED:

0001-0899	SHORT-TERM (GENERAL AND SPECIALTY) HOSPITALS
0900-0999	MULTIPLE HOSPITAL COMPONENT IN A MEDICAL COMPLEX (NUMBERS RETIRED)
1000-1199	RESERVED FOR FUTURE USE
1200-1224	ALCOHOL/DRUG HOSPITALS (EXCLUDED FROM PPS-NUMBERS RETIRED)
1225-1299	MEDICAL ASSISTANCE FACILITIES (MONTANA PROJECT)
1300-1399	RURAL PRIMARY CARE HOSPITAL (RPCH)
1400-1499	CONTINUATION OF 4600-4799 SERIES (CMHC) (EFF. 5/97)
1500-1799	HOSPICES
1800-1989	FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)
1990-1999	CHRISTIAN SCIENCE SANATORIA (HOSPITAL SERVICES)
2000-2299	LONG-TERM HOSPITALS (EXCLUDED FROM PPS)
2300-2499	CHRONIC RENAL DISEASE FACILITIES (HOSPITAL BASED)
2500-2899	NON-HOSPITAL RENAL DISEASE TREATMENT CENTERS

2900-2999	INDEPENDENT SPECIAL PURPOSE RENAL DIALYSIS FACILITY (1)
3000-3024	FORMERLY TUBERCULOSIS HOSPITALS (NUMBERS RETIRED)
3025-3099	REHABILITATION HOSPITALS (EXCLUDED FROM PPS)
3100-3199	CONTINUATION OF 7300-7399 (HHA) (EFF. 4/96)
3200-3299	CONTINUATION OF 4500-4599 SERIES (CORF)
3300-3399	CHILDREN'S HOSPITALS (EXCLUDED FROM PPS)
3400-3499	CONTINUATION OF RURAL HEALTH CLINICS (PROVIDER-BASED) (3975-3999)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					3500-3699 RENAL DISEASE TREATMENT CENTERS (HOSPITAL SATELLITES)
					3700-3799 HOSPITAL BASED SPECIAL PURPOSE RENAL DIALYSIS FACILITY (1)
					3800-3974 RURAL HEALTH CLINICS (FREE-STANDING)
					3975-3999 RURAL HEALTH CLINICS (PROVIDER-BASED)
					4000-4499 PSYCHIATRIC HOSPITALS (EXCLUDED FROM PPS)
					4500-4599 COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES (CORF)
					4600-4799 COMMUNITY MENTAL HEALTH CENTERS (CMHC)
					4800-4899 CONTINUATION OF 4500-4599 SERIES (CORF) (EFF. 10/95)
					4900-4999 CONTINUATION OF 4600-4799 SERIES (CMHC) (EFF. 10/95)
					5000-6399 SKILLED NURSING FACILITIES
					6400-6499 RESERVED FOR FUTURE USE (2)
					6500-6899 OUTPATIENT PHYSICAL THERAPY SERVICES
					6900-6989 CONTINUATION OF OUTPATIENT PHYSICAL THERAPY SERVICES (EFF. 10/95)
					6990-6999 CHRISTIAN SCIENCE SANATORIA (SKILLED NURSING SERVICES)

7000-7299	HOME HEALTH AGENCIES (HHA) (3)
7300-7399	SUBUNITS OF 'NONPROFIT' AND 'PROPRIETARY' HOME HEALTH AGENCIES (4)
7400-7799	CONTINUATION OF 7000-7299 SERIES
7800-7999	SUBUNITS OF STATE AND LOCAL GOVERNMENTAL HOME HEALTH AGENCIES (4)
8000-8499	CONTINUATION OF 7400-7799 SERIES (HHA)
8500-8899	CONTINUATION OF RURAL HEALTH CENTER (PROVIDER BASED) (3400-3499)
8900-8999	CONTINUATION OF RURAL HEALTH CENTER (FREE-STANDING) (3800-3975)
9000-9999	CONTINUATION OF 8000-8499 SERIES (HHA) (EFF. 10/95)

EXCEPTION:

P001-P999	ORGAN PROCUREMENT ORGANIZATION

(1) THESE FACILITIES (SPRDFS) WILL BE ASSIGNED THE SAME PROVIDER NUMBER WHENEVER THEY ARE RECERTIFIED.

(2) THE 6400-6499 SERIES OF PROVIDER NUMBERS IN IOWA (16), SOUTH DAKOTA (43) AND TEXAS (45) HAVE BEEN USED IN REDUCING ACUTE CARE COSTS (RACC) EXPERIMENTS.

(3) IN VIRGINIA (49), THE SERIES 7100-7299 HAS BEEN RESERVED FOR STATEWIDE SUBUNIT COMPONENTS OF THE VIRGINIA STATE HOME HEALTH AGENCIES.

(4) PARENT AGENCY MUST HAVE A NUMBER IN THE 7000-7299, 7400-7799 OR 8000-8499 SERIES.

1 EXPANDED MODIFIED MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD -- FROM CMS DATA DICTIONARY -- 06/2002

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS

NOTE:
THERE IS A SPECIAL NUMBERING SYSTEM FOR UNITS OF HOSPITALS THAT ARE EXCLUDED FROM PROSPECTIVE PAYMENT SYSTEM (PPS) AND HOSPITALS WITH SNF SWING-BED DESIGNATION. AN ALPHA CHARACTER IN THE THIRD POSITION OF THE PROVIDER NUMBER IDENTIFIES THE TYPE OF UNIT OR SWING-BED DESIGNATION AS FOLLOWS:

- S = PSYCHIATRIC UNIT (EXCLUDED FROM PPS)
- T = REHABILITATION UNIT (EXCLUDED FROM PPS)
- U = SHORT TERM/ACUTE CARE SWING-BED HOSPITAL
- V = ALCOHOL DRUG UNIT (PRIOR TO 10/87 ONLY)
- W = LONG TERM SNF SWING-BED HOSPITAL (EFF 3/91)
- Y = REHAB HOSPITAL SWING-BED (EFF 9/92)
- Z = RURAL PRIMARY CARE SWING-BED HOSPITAL (TO BE EFFECTIVE IN 1994)

THERE IS ALSO A SPECIAL NUMBERING SYSTEM FOR ASSIGNING EMERGENCY HOSPITAL IDENTIFICATION NUMBERS (NON PARTICIPATING HOSPITALS). THE SIXTH POSITION OF THE PROVIDER NUMBER IS AS FOLLOWS:

- E = NON-FEDERAL EMERGENCY HOSPITAL
- F = FEDERAL EMERGENCY HOSPITAL

SOURCE:
UNIFORM BILL 82, FORM HCFA-1450,
ITEM 7 (MEDICARE PROVIDER NUMBER).

LIMITATIONS:
THE MEDPAR FILE CONTAINS ONLY INPATIENT HOSPITAL RECORDS. PROVIDER NUMBERS ARE VALIDATED AGAINST A FILE OF MEDICARE-CERTIFIED PROVIDERS BY THE INTERMEDIARY. HOWEVER, THIS PROCESS IS NOT REPEATED WHEN THE MEDPAR FILE IS CONSTRUCTED.

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
15.	PROVIDER CODE (SPECIAL UNIT CODE)	CHAR	1	24	24	THIS FIELD SPECIFIES THE PPS-EXEMPT SPECIAL CARE UNITS OF INPATIENT HOSPITALS. CODES: S = PSYCHIATRIC UNIT (EXCLUDED FROM PPS) T = REHABILITATION UNIT (EXCLUDED FROM PPS) U = SHORT TERM/ACUTE CARE SWING-BED HOSPITAL V = ALCOHOL DRUG UNIT (PRIOR TO 10/87 ONLY) W = LONG TERM SNF SWING-BED HOSPITAL (EFF 3/91) Y = REHAB HOSPITAL SWING-BED (EFF 9/92) Z = RURAL PRIMARY CARE HOSPITALS (TO BE EFFECTIVE IN 1994) BLANK = NOT A PPS-EXEMPT UNIT COMMENT: EFFECTIVE WITH PROVIDER COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1987, THE ALCOHOL/DRUG UNITS ARE NO LONGER PPS-EXEMPT UNITS. SOURCE: THIS IS A UNIQUE IDENTIFIER ISSUED BY THE HCFA REGIONAL OFFICE TO A PROVIDER OF SERVICE. THE NON-BLANK CODE REPLACES THE THIRD DIGIT OF THE PROVIDER NUMBER ON INCOMING BILLS.
16.	FACILITY TYPE	CHAR	1	25	25	THIS FIELD SPECIFIES THE TYPE OF HOSPITAL CODES: S = SHORT STAY L = LONG STAY N = SNF

					SOURCE: DERIVED FROM UNIFORM BILL 82, FORM HCFA-1450, ITEM 8
17. NUMBER OF BILLS	NUM	3	26	28	THIS FIELD SPECIFIES THE NUMBER OF BILLS FOR A STAY. 3 DIGITS EDIT-RULES: NUMERIC SOURCE: GENERATED FROM THE STAY RECORD AT CENTRAL OFFICE
18. FILLER	CHAR	1	29	29	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
19. FILLER	CHAR	1	30	30	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
20. FILLER	CHAR	1	31	31	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
21. FILLER	CHAR	1	32	32	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
22. DATE OF ADMISSION	NUM	3	33	35	THIS FIELD SPECIFIES THE DATE ON WHICH THE BENEFICIARY WAS ADMITTED FOR INPATIENT CARE TO THE INSTITUTION TRANSLATED INTO THE QUARTER OF THE YEAR IN WHICH THE ADMISSION OCCURRED. 3 DIGITS EDIT-RULES: QYY WHERE:

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						1YY = FIRST QUARTER OF YEAR 2YY = SECOND QUARTER OF YEAR 3YY = THIRD QUARTER OF YEAR 4YY = FOURTH QUARTER OF YEAR SOURCE: UNIFORM BILL 82, FORM HCFA-1450, ITEM 15
23.	DATE OF DISCHARGE	NUM	3	36	38	THIS FIELD SPECIFIES THE DATE ON WHICH THE BENEFICIARY WAS DISCHARGED TRANSLATED INTO THE QUARTER OF THE YEAR IN WHICH THE DISCHARGE OCCURRED. 3 DIGITS EDIT-RULES: QYY WHERE: 1YY = FIRST QUARTER OF YEAR 2YY = SECOND QUARTER OF YEAR 3YY = THIRD QUARTER OF YEAR 4YY = FOURTH QUARTER OF YEAR SOURCE: UNIFORM BILL 82, FORM HCFA-1450
24.	FILLER	CHAR	1	39	39	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
25.	FILLER	CHAR	1	40	40	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
26.	FILLER	CHAR	1	41	41	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
27.	FILLER	CHAR	1	42	42	STANDARD ALIAS: FILLER SAS ALIAS: FILLER

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
28. LENGTH OF STAY	NUM	5	43	47	THIS FIELD SPECIFIES THE TOTAL LENGTH OF A PATIENT'S HOSPITAL STAY FROM THE DATE OF ADMISSION TO THE DATE OF DISCHARGE (OR THROUGH DATE IF STILL A PATIENT.) 5 DIGITS EDIT-RULES: NUMERIC THE ENTRY 999 MAY BE EITHER A VALID ENTRY OR AN INDICATION OF FIELD OVERFLOW RESULTING FROM A DIFFERENCE LARGER THAN THREE CHARACTERS. DERIVATION: THE DIFFERENCE OBTAINED BY SUBTRACTING THE DATE OF ADMISSION FROM THE DATE OF DISCHARGE. IF DIFFERENCE WAS 0, IT WAS MADE 1.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					SOURCE: UNIFORM BILL HCFA-1450, ITEM 22 (STATEMENT COVERS PERIOD THROUGH DATE) MINUS ITEM 15 (ADMISSION DATE)
29. OUTLIER DAYS	NUM	3	48	50	THIS FIELD SPECIFIES THE NUMBER OF DAYS PAID AS OUTLIERS UNDER PPS AND THE DAYS OVER THE THRESHOLD FOR THE DRG. THE NUMBER CAN BE A DAY OR COST OUTLIER. 3 DIGITS EDIT-RULES: NUMERIC

					SOURCE: FISCAL INTERMEDIARY
30. COVERED DAYS	NUM	3	51	53	THIS FIELD SPECIFIES THE NUMBER OF DAYS OF CARE REPORTED ON THE UNIFORM BILL THAT ARE COVERED BY MEDICARE. 3 DIGITS EDIT-RULES: NUMERIC DERIVATION: THIS IS THE TOTAL OF ACCOMMODATIONS UNITS ENTERED IN ITEM 52 MINUS THE NON-COVERED DAYS IN ITEM 24 OF THE UNIFORM BILL, MINUS THE LEAVE OF ABSENCE DAYS, PLUS THE DAY OF DISCHARGE OR DEATH. SOURCE: UNIFORM BILL 82, FORM HCFA-1450, ITEM 23
31. COINSURANCE DAYS	NUM	3	54	56	THIS FIELD SPECIFIES THE NUMBER OF INPATIENT HOSPITAL DAYS OCCURRING AFTER THE 60TH DAY AND BEFORE THE 91ST DAY OF THE SPELL OF ILLNESS, WHICH, UNDER COVERAGE, ARE THE DAYS THE BENEFICIARY IS LIABLE FOR A DAILY COINSURANCE AMOUNT. 3 DIGITS CODES: NUMERIC SOURCE: UNIFORM BILL 82, FORM HCFA-1450, ITEM 25
32. LIFETIME RESERVE DAYS USED	NUM	3	57	59	THIS FIELD SPECIFIES THE NUMBER OF LIFETIME RESERVE DAYS USED BY A BENEFICIARY DURING THIS

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					STAY. EACH BENEFICIARY HAS A LIFETIME RESERVE OF 60 ADDITIONAL DAYS OF MEDICARE COVERAGE FOR INPATIENT HOSPITAL SERVICES AFTER USING 90 DAYS OF INPATIENT HOSPITAL SERVICES DURING A SPELL OF ILLNESS. 3 DIGITS EDIT-RULES: NUMERIC SOURCE: UNIFORM BILL 82, FORM HCFA-1450, ITEM 26
33. FILLER	CHAR	1	60	60	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
34. FILLER	CHAR	1	61	61	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
35. FILLER	CHAR	1	62	62	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
36. COINSURANCE AMOUNT	NUM	7	63	69	THIS FIELD SPECIFIES THE COINSURANCE AMOUNT, WHICH IS THE THE NUMBER OF COINSURANCE DAYS MULTIPLIED BY THE APPLICABLE COINSURANCE RATE PAID BY THE PATIENT. 7 DIGITS EDIT-RULES: $$$$$$$ SOURCE:

					UNIFORM BILL 82, FORM HCFA-1450, ITEM 61A, B, OR C
37. INPATIENT DEDUCTIBLE	NUM	7	70	76	THIS FIELD SPECIFIES THE AMOUNT IDENTIFIED BY THE HOSPITAL AS THE PATIENT'S LIABILITY FOR INPATIENT DEDUCTIBLE. 7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450, ITEM 60
38. BLOOD DEDUCTIBLE	NUM	7	77	83	THIS FIELD SPECIFIES THE AMOUNT IDENTIFIED BY THE HOSPITAL AS THE PATIENT'S LIABILITY FOR BLOOD USED. 7 DIGITS EDIT-RULES: $$$$$$$

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					SOURCE: UNIFORM BILL 82, FORM HCFA-1450
39. PRIMARY PAYER AMOUNT	NUM	7	84	90	THIS FIELD SPECIFIES THE AMOUNT PAID BY THE PRIMARY INSURER FOR THE BENEFICIARY STAY IN A HOSPITAL. 7 DIGITS EDIT-RULES:

					$$$$$$$ SOURCE: FROM THE FISCAL INTERMEDIARY
40.	OUTLIER AMOUNT	NUM	7	91 97	THIS FIELD SPECIFIES THE AMOUNT PAID OVER THE DRG ALLOWANCE. 7 DIGITS CODES: $$$$$$$ SOURCE: FROM THE FISCAL INTERMEDIARY
41.	DISPROPORTIONATE SHARE AMOUNT	NUM	7	98 104	THIS FIELD SPECIFIES THE AMOUNT PAID OVER THE DRG FOR THE DISPROPORTIONATE SHARE HOSPITAL. 7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: FROM THE FISCAL INTERMEDIARY
42.	INDIRECT MEDICAL EDUCATION (IME) AMOUNT	NUM	7	105 111	THIS FIELD SPECIFIES THE ADDITIONAL AMOUNT PAID TO TEACHING HOSPITALS FOR IME. AFTER OCTOBER, 1989, THIS IS INCLUDED IN THE AMOUNT REIMBURSED. 7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: FROM THE FISCAL INTERMEDIARY

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
43. DRG PRICE	NUM	7	112	118	THIS FIELD SPECIFIES THE DRG PRICE, WHICH IS IS THE SUM OF THE REIMBURSEMENT, PRIMARY PAYOR REIMBURSEMENT, PRIMARY PAYOR AMOUNT, COINSURANCE AMOUNT, INPATIENT DEDUCTIBLE, AND BLOOD DEDUCTIBLE NON-COVERED CHARGES, LESS THE OUTLIER AMOUNT.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					(R + P + C + I + B) - O = DRG PRICE 7 DIGITS UNSIGNED EDIT-RULES: $$$$$$$ SOURCE: COMPUTED BY THE FISCAL INTERMEDIARY FOR ALL DISCHARGES
44. BILL TOTAL PER DIEM	NUM	7	119	125	THIS FIELD SPECIFIES THE TOTAL PER DIEM AMOUNT DERIVED BY MULTIPLYING THE PER DIEM FROM THE BILL BY THE NUMBER OF COVERED DAYS. 7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: FROM THE FISCAL INTERMEDIARY
45. PPS CAPITAL TOTAL AMOUNT	NUM	7	126	132	THIS FIELD SPECIFIES THE TOTAL REIMBURSEMENT FOR DEPRECIATION, RENT, CERTAIN INTEREST, AND RENT, CERTAIN INTEREST, AND REAL ESTATE TAXES FOR HOSPITAL BUILDINGS AND EQUIPMENT SUBJECT TO THE PPS. EFFECTIVE WITH HOSPITAL COST

REPORTING PERIODS ON OR AFTER OCTOBER 1991.

7 DIGITS

EDIT-RULES:
$$$$$$$

SOURCE:
FROM THE FISCAL INTERMEDIARY

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
46.	FILLER	CHAR	1	133	133	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
47.	FILLER	CHAR	1	134	134	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
48.	ACQUISITION CHARGES	NUM	7	135	141	THIS FIELD SPECIFIES THE TOTAL AMOUNT OF ALL ACQUISITION CHARGES, I.E., ORGAN ACQUISITION, MEDICAL EQUIPMENT. 7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
49.	TOTAL CHARGES	NUM	7	142	148	THIS FIELD SPECIFIES THE TOTAL CHARGES, INCLUDING NON-COVERED CHARGES, FOR THE BENEFICIARY REPORTED FOR THIS HOSPITAL STAY. 7 DIGITS

					EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450, REPORTED IN ITEM 53 (TOTAL CHARGES) IDENTIFIED BY ITEM 51 (REVENUE CODE 001) LIMITATIONS: AN ANOMALY HAS BEEN DISCOVERED WHEN DISCHARGES CONTAIN ZEROS IN THE TOTAL CHARGES FIELD. AT THIS TIME, THE CAUSE IS UNKNOWN. SINCE THESE RECORDS REPRESENT 0.002 PERCENT OF THE FILE, USERS ARE ASKED TO DELETE THEM AS ERRORS.
50. COVERED CHARGES	NUM	7	149	155	THIS FIELD SPECIFIES THE PORTION OF TOTAL CHARGES COVERED BY MEDICARE. 7 DIGITS DERIVATION: THIS FIELD IS DERIVED AT CENTRAL OFFICE BY SUBTRACTING NON-COVERED CHARGES FROM TOTAL CHARGES. CODES: $$$$$$$ SOURCE: CENTRAL OFFICE
51. AMOUNT REIMBURSED	NUM	7	156	162	THE AMOUNT PAID TO THE PROVIDER AND/OR PATIENT BY MEDICARE FOR THE SERVICES REPORTED ON THE BILL. THIS AMOUNT DOES NOT INCLUDE CAPITAL CAPITAL PASS-THRU AMOUNT, INDIRECT MEDICAL EDUCATION AMOUNT (IME), OR KIDNEY ACQUISITION AMOUNT. IN ADDITION, IT EXCLUDES AMOUNTS PAID BY OR ON BEHALF OF THE PATIENT. (IME WAS INCLUDED EFFECTIVE OCTOBER, 1989.)

7 DIGITS

CODES:
$$$$$$$

COMMENT:
IME WAS EXCLUDED BEFORE OCTOBER 1989. THIS FIELD MAY BE ZERO IF MEDICARE IS NOT THE PRIMARY PAYER.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					SOURCE: UNIFORM BILL 82, FORM HCFA-1450, 'FOR INTERMEDIARY USE ONLY' SECTION, ITEM F
52. TOTAL ACCOMMODATION CHARGES	NUM	7	163	169	THIS FIELD SPECIFIES THE WHOLE DOLLAR AMOUNT OF THE TOTAL CHARGES FIELDS FOR ALL ROUTINE ACCOMMODATIONS REPORTED FOR THE BENEFICIARY DURING THIS HOSPITAL STAY. IT EXCLUDES SPECIAL ACCOMMODATION CHARGES (FOR EXAMPLE, INTENSIVE CARE AND CORONARY CARE UNITS). 7 DIGITS CODES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450, SUMMATION OF ITEM 53 (TOTAL CHARGES) AND IDENTIFIED BY ITEM 51 (REVENUE CODES 10X THROUGH 18X)
53. TOTAL DEPARTMENTAL CHARGES	NUM	7	170	176	THIS FIELD SPECIFIES THE TOTAL OF THE SEPARATE DEPARTMENTAL CHARGES FOR THE BENEFICIARY REPORTED DURING THIS HOSPITAL STAY.

						7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450, REPORTED IN ITEM 53 (TOTAL CHARGES) AND IDENTIFIED BY ITEM ITEM 51 (REVENUE CODES 22X THROUGH 99X)
****	ACCOMMODATION DAYS	GROUP	15	177	191	THESE FIELDS SPECIFY THE NUMBER OF DAYS FOR ALL ROUTINE ACCOMMODATIONS.
54.	PRIVATE ROOM DAYS	NUM	3	177	179	3 DIGITS SOURCE: UNIFORM BILL 82, FORM HCFA-1450
55.	SEMI-PRIVATE ROOM DAYS	NUM	3	180	182	3 DIGITS SOURCE: UNIFORM BILL 82, FORM HCFA-1450
56.	WARD DAYS	NUM	3	183	185	3 DIGITS SOURCE: UNIFORM BILL 82, FORM HCFA-1450
57.	INTENSIVE CARE DAYS	NUM	3	186	188	THIS FIELD SPECIFIES THE NUMBER OF DAYS THE BENEFICIARY SPENT IN INTENSIVE/SPECIAL CARE DURING THIS HOSPITAL STAY.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					3 DIGITS

						SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CODE 20X
58.	CORONARY CARE DAYS	NUM	3	189	191	THIS FIELD SPECIFIES THE NUMBER OF DAYS THE BENEFICIARY SPENT IN A CORONARY CARE UNIT DURING THIS HOSPITAL STAY. 3 DIGITS SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 21X
****	ACCOMMODATION CHARGES	GROUP	35	192	226	THESE FIELDS SPECIFY THE CHARGES FOR ALL ROUTINE ACCOMMODATIONS.
59.	PRIVATE ROOM CHARGES	NUM	7	192	198	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450
60.	SEMI-PRIVATE ROOM CHARGES	NUM	7	199	205	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450
61.	WARD CHARGES	NUM	7	206	212	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE:

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					UNIFORM BILL 82, FORM HCFA-1450
62. INTENSIVE CARE CHARGES	NUM	7	213	219	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450
63. CORONARY CARE CHARGES	NUM	7	220	226	7 DIGITS EDIT-RULES: $$$$$$$
					SOURCE: UNIFORM BILL 82, FORM HCFA-1450
**** SERVICE CHARGES	GROUP	175	227	401	THESE FIELDS SPECIFY THE CHARGES FOR VARIOUS SERVICES.
64. OTHER CHARGES	NUM	7	227	233	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 002 THROUGH 099, 22X, 23X, 24X, 52X, 53X, 55X, 56X, 57X, 58X, 59X, 60X, 64X, 65X, 66X, 67X, 68X, 69X, 70X, 76X, 77X, 78X, 90X, 91X, 92X, 93X, 94X, 95X, 99X.
65. PHARMACY CHARGES	NUM	7	234	240	7 DIGITS

					EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 25X, 26X, 63X.
66. MEDICAL/SURGICAL SUPPLIES CHARGES	NUM	7	241	247	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 27X, 62X.
67. DURABLE MEDICAL EQUIPMENT CHARGES	NUM	7	248	254	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 290, 291, 292.
68. USED DURABLE MEDICAL EQUIPMENT CHARGES	NUM	7	255	261	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 293.
69. PHYSICAL THERAPY CHARGES	NUM	7	262	268	7 DIGITS

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS

					EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 42X.
70.	OCCUPATIONAL THERAPY CHARGES	NUM	7	269 275	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 43X.
71.	SPEECH PATHOLOGY CHARGES	NUM	7	276 282	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 44X, 47X.
72.	INHALATION THERAPY CHARGES	NUM	7	283 289	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 41X, 46X.
73.	BLOOD CHARGES	NUM	7	290 296	7 DIGITS EDIT-RULES:

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					$$$$$$$
					SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 38X.
74. BLOOD ADMINISTRATION CHARGES	NUM	7	297	303	7 DIGITS
					EDIT-RULES: $$$$$$$
					SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 39X.
75. OPERATING ROOM CHARGES	NUM	7	304	310	7 DIGITS
					EDIT-RULES: $$$$$$$
					SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 36X, 71X, 72X.
76. LITHOTRIPSY CHARGES	NUM	7	311	317	7 DIGITS
					EDIT-RULES: $$$$$$$
					SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 79X.
77. CARDIOLOGY CHARGES	NUM	7	318	324	7 DIGITS

					EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 48X, 73X.
78. ANESTHESIA CHARGES	NUM	7	325	331	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 37X.
79. LABORATORY CHARGES	NUM	7	332	338	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 30X, 31X, 74X, 75X.
80. RADIOLOGY CHARGES	NUM	7	339	345	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 28X, 32X, 33X, 34X, 35X, 40X.
81. MRI CHARGES	NUM	7	346	352	7 DIGITS EDIT-RULES: $$$$$$$

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 61X.
82. OUTPATIENT SERVICES CHARGES	NUM	7	353	359	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 49X, 50X.
83. EMERGENCY ROOM CHARGES	NUM	7	360	366	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 45X.
84. AMBULANCE CHARGES	NUM	7	367	373	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 54X.
85. PROFESSIONAL FEES	NUM	7	374	380	7 DIGITS EDIT-RULES:

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					$$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 96X, 97X, 98X.
86. ORGAN ACQUISITION CHARGES	NUM	7	381	387	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 81X, 89X.
87. ESRD REVENUE SETTING CHARGES	NUM	7	388	394	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 80X, 82X, 83X, 84X, 85X, 86X, 87X, 88X.
88. CLINIC VISIT CHARGES	NUM	7	395	401	7 DIGITS EDIT-RULES: $$$$$$$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450 REVENUE CENTER 51X.

89. INTENSIVE CARE INDICATOR	CHAR	1	402	402	THIS FIELD SPECIFIES THAT THE BENEFICIARY HAS SPENT TIME UNDER INTENSIVE CARE AND INDICATES THE TYPE OF ICU. CODES: 0 = GENERAL CLASSIFICATION 1 = SURGICAL 2 = MEDICAL 3 = PEDIATRIC 4 = PSYCHIATRIC 6 = POST ICU 7 = BURN CARE 8 = TRAUMA 9 = OTHER INTENSIVE CARE SOURCE: UNIFORM BILL 82, FORM HCFA-1450
90. CORONARY CARE INDICATOR	CHAR	1	403	403	THIS FIELD SPECIFIES THAT THE BENEFICIARY HAS SPENT TIME UNDER CORONARY CARE AND INDICATES TYPE OF CORONARY CARE UNIT. CODES: 0 = GENERAL CLASSIFICATION 1 = MYOCARDIAL INFARCTION 2 = PULMONARY CARE 3 = HEART TRANSPLANT 4 = POST CCU 9 = OTHER CORONARY CARE SOURCE: UNIFORM BILL 82, FORM HCFA-1450
91. PHARMACY INDICATOR	NUM	1	404	404	THIS FIELD SPECIFIES THAT THE BENEFICIARY HAS RECEIVED DRUGS DURING A STAY. 1 DIGIT CODES: 0 = NO DRUGS

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					1 = GENERAL DRUGS AND/OR IV THERAPY 2 = ERYTHROPOIETIN 3 = BLOOD CLOTTING DRUGS 4 = GENERAL DRUGS AND/OR IV THERAPY, ERYTHROPOIETIN 5 = GENERAL DRUGS AND/OR IV THERAPY, BLOOD CLOTTING DRUGS SOURCE: UNIFORM BILL 82, FORM HCFA-1450
92. TRANSPLANT INDICATOR	NUM	1	405	405	THIS FIELD SPECIFIES WHETHER THE BENEFICIARY HAS HAD A TRANSPLANT. 1 DIGIT CODES: 0 = NO ORGAN TRANSPLANT 2 = ORGAN TRANSPLANT OTHER THAN KIDNEY 7 = KIDNEY TRANSPLANT SOURCE: UNIFORM BILL 82, FORM HCFA-1450
**** RADIOLOGY INDICATORS	GROUP	6	406	411	THESE FIELDS SPECIFY THE TYPE(S) OF RADIOLOGIC TREATMENT A BENEFICIARY HAS RECEIVED.
93. ONCOLOGY INDICATOR	NUM	1	406	406	1 DIGIT CODES: 1 = YES 0 = NO SOURCE:

UNIFORM BILL 82, FORM HCFA-1450

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
94.	RADIOLOGY-DIAGNOSTIC INDICATOR	NUM	1	407	407	1 DIGIT CODES: 1 = YES 0 = NO SOURCE: UNIFORM BILL 82, FORM HCFA-1450
95.	RADIOLOGY-THERAPEUTIC INDICATOR	NUM	1	408	408	1 DIGIT CODES: 1 = YES 0 = NO SOURCE: UNIFORM BILL 82, FORM HCFA-1450
96.	NUCLEAR MEDICINE INDICATOR	NUM	1	409	409	1 DIGIT CODES: 1 = YES 0 = NO

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						SOURCE: UNIFORM BILL 82, FORM HCFA-1450
97.	CT SCAN INDICATOR	NUM	1	410	410	1 DIGIT CODES: 1 = YES 0 = NO

						SOURCE: UNIFORM BILL 82, FORM HCFA-1450
98.	OTHER IMAGING SERVICES INDICATOR	NUM	1	411	411	1 DIGIT CODES: 1 = YES 0 = NO SOURCE: UNIFORM BILL 82, FORM HCFA-1450
99.	OUTPATIENT SERVICES INDICATOR	NUM	1	412	412	THIS FIELD SPECIFIES WHETHER THE BENEFICIARY HAS RECEIVED OUTPATIENT SERVICES, AMBULATORY SURGICAL CARE, OR BOTH. 1 DIGIT CODES: 0 = NO OUTPATIENT SERVICES 1 = OUTPATIENT SERVICES 2 = AMBULATORY SURGICAL CARE 3 = BOTH CONDITIONS WERE FOUND SOURCE: UNIFORM BILL 82, FORM HCFA-1450
100.	ORGAN INDICATOR	CHAR	2	413	414	THIS FIELD SPECIFIES THE TYPE OF ORGAN TRANSPLANT. CODES: 0 = NO ORGAN ACQUISITION K1 = GENERAL CLASSIFICATION K2 = LIVING DONOR KIDNEY K3 = CADAVER DONOR KIDNEY K4 = UNKNOWN DONOR KIDNEY K5 = OTHER KIDNEY ACQUISITION H1 = CADAVER DONOR HEART H2 = OTHER HEART ACQUISITION L1 = DONOR LIVER

O1 = OTHER ORGAN ACQUISITION
O2 = GENERAL CLASSIFICATION
B1 = BONE
O3 = ORGAN (OTHER THAN KIDNEY)
S1 = SKIN
O4 = OTHER DONOR BANK

SOURCE:
1 EXPANDED MODIFIED MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD -- FROM CMS DATA DICTIONARY -- 06/2002

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					UNIFORM BILL 82, FORM HCFA-1450
101. ESRD SETTING	CHAR	2	415	416	THIS FIELD SPECIFIES THE TYPE OF DIALYSIS USED ON THE BENEFICIARY. OCCURS: 5 TIMES CODES: INPATIENT RENAL DIALYSIS: 00 = GENERAL CLASSIFICATION 01 = HEMODIALYSIS 02 = PERITONEAL (NON-CONTINUOUS AMBULATORY PERITONEAL DIALYSIS 03 = CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) 04 = CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) 09 = OTHER DIALYSIS HEMODIALYSIS-OUTPATIENT OR HOME DIALYSIS: 20 = GENERAL CLASSIFICATION 21 = HEMODIALYSIS/COMPOSITE 22 = HOME SUPPLIES 23 = HOME EQUIPMENT 24 = MAINTENANCE/100% 25 = SUPPORT SERVICES 29 = OTHER HEMODIALYSIS OUTPATIENT

PERITONEAL DIALYSIS-OUTPATIENT OR HOME:
30 = GENERAL CLASSIFICATION
31 = PERITONEAL/COMPOSITE
32 = HOME SUPPLIES
33 = HOME EQUIPMENT
34 = MAINTENANCE/100%
35 = SUPPORT SERVICES
39 = OTHER PERITONEAL OUTPATIENT
CAPD OUTPATIENT:
40 = GENERAL CLASSIFICATION
41 = CAPD/COMPOSITE
42 = HOME SUPPLIES
43 = HOME EQUIPMENT
44 = MAINTENANCE/100%
45 = SUPPORT SERVICES
49 = OTHER CAPD/OUTPATIENT
CCPD OUTPATIENT:
50 = GENERAL CLASSIFICATION
51 = CCPD/COMPOSITE
52 = HOME SUPPLIES
53 = HOME EQUIPMENT
54 = MAINTENANCE/100%
55 = SUPPORT SERVICES
59 = OTHER CCPD/OUTPATIENT
MISCELLANEOUS DIALYSIS:
80 = GENERAL CLASSIFICATION
81 = ULTRAFILTRATION
89 = MISCELLANEOUS DIALYSIS

SOURCE:
1 EXPANDED MODIFIED MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD -- FROM CMS DATA DICTIONARY -- 06/2002

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					UNIFORM BILL 82, FORM HCFA-1450
102. NUMBER OF DIAGNOSIS CODES	NUM	2	425	426	THIS FIELD INDICATES THE NUMBER OF DIAGNOSIS CODES PRESENT IN THE STAY RECORD, I.E., THE

					NUMBER OF FIELDS THAT ARE NOT BLANK. 2 DIGITS EDIT-RULES: RANGE 0 THRU 9 SOURCE: UNIFORM BILL HCFA-1450, ITEMS 77 THROUGH 81
**** DIAGNOSTIC CODES	GROUP	45	427	471	THESE FIELDS SPECIFY THE PRINCIPAL AND OTHER DIAGNOSIS CODES THAT ARE OBTAINED FROM THE PATIENT'S DISCHARGE BILL. PRINCIPAL IS DEFINED AS THE CONDITION ESTABLISHED, AFTER STUDY, TO BE CHIEFLY RESPONSIBLE FOR OCCASIONING THE ADMISSION OF THE PATIENT. CODING IS BASED ON INTERNATIONAL CLASSIFICATION OF DISEASES 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM). PROVIDERS KEY THE ICD-9-CM CODE FROM THE BILLS AND REPORT THE INFORMATION TO HCFA AS PART OF THE CLAIMS TAPE RECORD. EACH CODE CAN BE UP TO FIVE CHARACTERS, LEFT JUSTIFIED. A MAXIMUM OF NINE CODES IS CARRIED IN THE RECORD.
103. DIAGNOSIS CODE	CHAR	5	427	431	THE ICD-9-CM BASED CODE IDENTIFYING THE BENEFICIARY'S DIAGNOSIS. OCCURS: 9 TIMES SOURCE: UNIFORM BILL 82, FORM HCFA-1450, ITEMS 77 THROUGH 81 LIMITATIONS: MAY CONTAIN INVALID CODES
104. SURGERY INDICATOR	CHAR	1	472	472	THIS FIELD SPECIFIES WHETHER THERE IS A SURGERY PROCEDURE ON THE BILL.

CODES:
0 = NO
1 = YES

SOURCE:
THIS FIELD IS DERIVED AT CENTRAL OFFICE.

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
105.	NUMBER OF SURGICAL CODES	NUM	2	473	474	THIS FIELD SPECIFIES THE NUMBER OF SURGICAL CODES IN THE RECORD. 2 DIGITS

EDIT-RULES:
NUMERIC

SOURCE:
UNIFORM BILL 82, FORM HCFA-1450

106.	FILLER	CHAR	1	475	475	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
****	SURGICAL CODES	GROUP	24	476	499	THESE FIELDS SPECIFY THE CODES THAT CORRESPOND TO THE SURGICAL PROCEDURES PERFORMED ON THE BENEFICIARY. UP TO SIX OCCURRENCES MAY BE PRESENT.
107.	SURGICAL PROCEDURE CODE	CHAR	4	476	479	CODE CORRESPONDING TO A SURGICAL PROCEDURE PERFORMED ON THE BENEFICIARY. OCCURS: 6 TIMES EDIT-RULES: ICD-9-CM

						SOURCE: UNIFORM BILL 82, FORM HCFA-1450
108.	FILLER	CHAR	1	500	500	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
109.	BLOOD FURNISHED (PINTS)	NUM	3	501	503	THIS FIELD SPECIFIES THE TOTAL NUMBER OF PINTS OF WHOLE BLOOD OR UNITS OF PACKED RED CELLS FURNISHED, REGARDLESS OF WHETHER THEY WERE REPLACED. BLOOD IS REPORTED IN COMPLETE UNITS ROUNDED UPWARDS. THIS ENTRY SERVES AS THE BASIS FOR COUNTING PINTS TOWARD THE BLOOD DEDUCTIBLE AND MUST, THEREFORE, INCLUDE BOTH REPLACED AND UNREPLACED BLOOD. 3 DIGITS EDIT-RULES: NUMERIC SOURCE: UNIFORM BILL 82, FORM HCFA-1450, ITEM 40 LIMITATIONS: BASED ON AN ANALYSIS OF AGGREGATED RECORDS, THERE APPEARS TO BE A MISINTERPRETATION BY SOME PROVIDERS OF THE FORMAT, I.E., THE FIELD IS TO CONTAIN WHOLE UNITS BUT APPEARS IN SOME CASES TO BE REPORTED WITH TENTHS OF UNITS.
110.	FILLER	CHAR	1	504	504	STANDARD ALIAS: FILLER SAS ALIAS: FILLER

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS

111. DIAGNOSIS RELATED GROUP (DRG) CODE	NUM	3	505	507	EACH DRG REPRESENTS BROAD CLINICAL CATEGORIES THAT ARE BASED ON BODY SYSTEM INVOLVEMENT AND DISEASE ETIOLOGY. EACH CATEGORY IS SIMILAR IN ITS USE OF DIAGNOSTIC RESOURCES AND IS USING SPECIFIC GUIDELINES. EACH CATEGORY MUST HAVE BEEN CLINICALLY CONSISTENT, HAD A SUFFICIENT NUMBER OF PATIENTS, AND COVERED THE COMPLETE RANGE OF DIAGNOSES REPRESENTED IN THE ICD-9-CM WITHOUT OVERLAP. THE CATEGORIES WERE DEVELOPED BY A YALE UNIVERSITY RESEARCH TEAM AND REVISED BY HEALTH SERVICES INTERNATIONAL, INC. 3 DIGITS EDIT-RULES: NUMERIC SOURCE: ADDED TO THE RECORD BY THE INTERMEDIARY'S GROUPER SOFTWARE WHICH TRANSLATES VARIABLES SUCH AS AGE, SEX, DIAGNOSIS AND SURGICAL CODES INTO THE SINGLE APPLICABLE DRG. THE GROUPER SOFTWARE IS UPDATED PERIODICALLY AS AS SHOWN BELOW: - VERSION 2.0 (EFF 1/1/83 - 4/30/86) - VERSION 3.0 (EFF 5/1/86 - 9/30/86) - VERSION 4.0 (EFF 10/1/86 - 9/30/87) - VERSION 5.0 (EFF 10/1/87 - 9/30/88) - VERSION 6.0 (EFF 10/1/88 - 9/30/89) - VERSION 7.0 (EFF 10/1/89 - 9/30/90) - VERSION 8.0 (EFF 10/1/90 - 9/30/91) - VERSION 9.0 (EFF 10/1/91 - 9/30/92) - VERSION 10.0 (EFF 10/1/92 - 9/30/93) - VERSION 11.0 (EFF 10/1/93 - 9/30/94) LIMITATIONS: DRG 467 AND DRG 470 ARE CATEGORIES WHICH COULD NOT BE ACCURATELY CLASSIFIED INTO VALID DRG'S.

112. DISCHARGE DESTINATION	NUM	2	508	509	THIS FIELD SPECIFIES THE DESTINATION OF THE PATIENT UPON DISCHARGE FROM THE HOSPITAL. 2 DIGITS CODES: 01 = TO HOME, SELF-CARE 02 = TO SHORT-TERM HOSPITAL 03 = TO SNF 04 = TO ICF 05 = TO OTHER TYPE FACILITY 06 = TO HOME HEALTH SERVICE CARE 07 = LEFT AGAINST MEDICAL ADVICE 08 = TO HOME WITH IV DRUG THERAPY 09 = ADMITTED AS INPATIENT TO THIS HOSPITAL

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					20 = DIED 30 = STILL A PATIENT OR EXPECTED TO RETURN FOR OUTPATIENT SERVICES 40 = EXPIRED AT HOME 41 = EXPIRED IN A MEDICAL FACILITY 42 = EXPIRED - PLACE UNKNOWN 50 = HOSPICE TO HOME 51 = HOSPICE TO MEDICAL FACILITY 61 = DISCHARGED/TRANSFERRED WITHIN THIS INSTITUTION TO A HOSPITAL-BASED MEDICARE APPROVED SWING-BED 62 = DISCHARGED/TRANSFERRED TO INPATIENT REHABILITATION FACILITY 63 = DISCHARGED/TRANSFERRED TO LONG TERM CARE HOSPITAL 64 = DISCHARGED/TRANSFERRED TO NURSING FACILITY CERTIFIED

UNDER MEDICAID BUT NOT CERTIFIED
UNDER MEDICARE
71 = DISCHARGED/TRANSFERRED/REFERRED
TO ANOTHER INSTITUTION
FOR OUTPATIENT SERVICES AS PART OF
DISCHARGE PLAN OF CARE
72 = DISCHARGED/TRANSFERRED/REFERRED
TO THIS INSTITUTION FOR OUTPATIENT
SERVICES AS PART OF DISCHARGE PLAN
OF CARE

SOURCE:
UNIFORM BILL 82, FORM HCFA-1450, ITEM 21

LIMITATIONS:
THIS FIELD HAS NOT BEEN VALIDATED. THERE IS SOME QUESTION OF ITS RELIABLILTY.

113. OUTLIER CODE/DRG SOURCE	NUM	1	510	510	THIS FIELD IDENTIFIES TWO MUTUALLY EXCLUSIVE CONDITIONS. THE FIRST, FOR PPS PROVIDERS (CODES 0, 1, AND 2), CLASSIFIES STAYS OF EXCEPTIONAL COST OR LENGTH (OUTLIERS). THE SECOND, FOR NON-PPS PROVIDERS (CODES 6, 7, 8, AND 9), DENOTES THE SOURCE FOR DEVELOPING THE DRG.

1 DIGIT

CODES:
0 = NO OUTLIER
1 = DAY OUTLIER
2 = COST OUTLIER
6 = VALID DRG RECEIVED FROM THE INTERMEDIARY
7 = HCFA DEVELOPED DRG
8 = HCFA DEVELOPED DRG USING PATIENT STATUS
CODE
9 = NOT GROUPABLE

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						SOURCE: THIS FIELD IS CODED AT CENTRAL OFFICE.
114.	PRIMARY PAYER CODE	CHAR	1	511	511	THIS FIELD INDICATES WHO IS PRIMARILY RESPONSIBLE FOR PAYMENT. CODES: A = WORKING AGED BENE/SPOUSE WITH EMPLOYER GROUP HEALTH PLAN (EGHP) B = END STAGE RENAL DISEASE (ESRD) BENEFICIARY IN THE 18 MONTH COORDINATION PERIOD WITH AN EMPLOYER GROUP HEALTH PLAN C = CONDITIONAL PAYMENT BY MEDICARE; FUTURE REIMBURSEMENT EXPECTED D = AUTOMOBILE NO-FAULT (EFF. 4/97; PRIOR TO 3/94, ALSO INCLUDED ANY LIABILITY INSURANCE) E = WORKERS' COMPENSATION F = PUBLIC HEALTH SERVICE OR OTHER FEDERAL AGENCY (OTHER THAN DEPT. OF VETERANS AFFAIRS) G = WORKING DISABLED BENE (UNDER AGE 65 WITH LGHP) H = BLACK LUNG I = DEPT. OF VETERANS AFFAIRS J = ANY LIABILITY INSURANCE (EFF. 3/94 - 3/97) L = ANY LIABILITY INSURANCE (EFF. 4/97) *EFFECTIVE 12/90 FOR CARRIER CLAIMS; 10/93 FOR INSTITUTIONAL CLAIMS M = OVERRIDE CODE: EGHP SERVICES INVOLVED *EFFECTIVE 12/90 FOR CARRIER CLAIMS; 10/93 FOR INSTITUTIONAL CLAIMS

N = OVERRIDE CODE: NON-EGHP SERVICES INVOLVED

*EFFECTIVE 12/90 FOR CARRIER CLAIMS;
10/93 FOR INSTITUTIONAL CLAIMS

BLANK = MEDICARE IS PRIMARY PAYER (NOT SURE OF EFFECTIVE DATE: IN USE 1/91, IF NOT EARLIER)

T = MSP COST AVOIDED - IEQ CONTRACTOR (EFF. 7/96 CARRIER CLAIMS ONLY)
U = MSP COST AVOIDED - HMO RATE CELL ADJUSTMENT CONTRACTOR (EFF. 7/96 CARRIER CLAIMS ONLY)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS

V = MSP COST AVOIDED - LITIGATION SETTLEMENT CONTRACTOR (EFF. 7/96 CARRIER CLAIMS ONLY)

X = MSP COST AVOIDED OVERRIDE CODE (EFF. 12/90 FOR CARRIER CLAIMS AND 10/93 FOR FI CLAIMS; OBSOLETED FOR ALL CLAIM TYPES 7/1/96)

PRIOR TO 12/90

Y = OTHER SECONDARY PAYER INVESTIGATION SHOWS MEDICARE AS PRIMARY PAYER
Z = MEDICARE IS PRIMARY PAYER

NOTE: VALUES C, M, N, Y, Z AND BLANK INDICATE MEDICARE IS PRIMARY PAYER. (VALUES Z AND Y WERE USED PRIOR TO 12/90. `BLANK' WAS SUPPOSE TO BE

					EFFECTIVE AFTER 12/90, BUT MAY HAVE BEEN USED PRIOR TO THAT DATE.) SOURCE: FROM THE FISCAL INTERMEDIARY
115. ESRD CONDITION CODE	NUM	2	512	513	THIS FIELD SPECIFIES THE ESRD CONDITION CODES FOUND ON THE BENEFICIARY'S BILL. 2 DIGITS CODES: 00 = NO ESRD 71 = FULL CARE IN UNIT 72 = SELF-CARE IN UNIT 73 = SELF-CARE TRAINING 74 = HOME 75 = HOME 100% REIMBURSEMENT 76 = BACKUP IN FACILITY DIALYSIS SOURCE: FROM THE FISCAL INTERMEDIARY
116. SOURCE OF ADMISSION	CHAR	1	514	514	THIS FIELD SPECIFIES THE TYPE OF ADMISSION FOR INPATIENT HOSPITAL STAYS. CODES: **FOR INPATIENT/SNF CLAIMS:** 1 = PHYSICIAN REFERRAL - THE PATIENT WAS ADMITTED UPON THE RECOMMENDATION OF A PERSONAL PHYSICIAN.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					2 = CLINIC REFERRAL - THE PATIENT WAS ADMITTED UPON THE RECOMMENDATION OF

THIS FACILITY'S CLINIC PHYSICIAN.

3 = HMO REFERRAL - THE PATIENT WAS ADMITTED UPON THE RECOMMENDATION OF AN HEALTH MAINTENANCE ORGANIZATION (HMO) PHYSICIAN.

4 = TRANSFER FROM HOSPITAL - THE PATIENT WAS ADMITTED AS AN INPATIENT TRANSFER FROM AN ACUTE CARE FACILITY.

5 = TRANSFER FROM A SKILLED NURSING FACILITY (SNF) - THE PATIENT WAS ADMITTED AS AN INPATIENT TRANSFER FROM A SNF.

6 = TRANSFER FROM ANOTHER HEALTH CARE FACILITY - THE PATIENT WAS ADMITTED AS A TRANSFER FROM A HEALTH CARE FACILITY OTHER THAN AN ACUTE CARE FACILITY OR SNF.

7 = EMERGENCY ROOM - THE PATIENT WAS ADMITTED UPON THE RECOMMENDATION OF THIS FACILITY'S EMERGENCY ROOM PHYSICIAN.

8 = COURT/LAW ENFORCEMENT - THE PATIENT WAS ADMITTED UPON THE DIRECTION OF A COURT OF LAW OR UPON THE REQUEST OF A LAW ENFORCEMENT AGENCY'S REPRESENTATIVE.

9 = INFORMATION NOT AVAILABLE - THE MEANS BY WHICH THE PATIENT WAS ADMITTED IS NOT KNOWN.

A = SNF ADMISSION - QUALIFYING STAY DATES ARE FROM A RURAL PRIMARY CARE HOSPITAL (RPCH)

FOR NEWBORN TYPE OF ADMISSION

1 = NORMAL DELIVERY - A BABY DELIVERED WITH OUT COMPLICATIONS.

2 = PREMATURE DELIVERY - A BABY DELIVERED WITH TIME AND/OR WEIGHT FACTORS QUALIFYING IT FOR PREMATURE STATUS.

3 = SICK BABY - A BABY DELIVERED WITH MED-

ICAL COMPLICATIONS, OTHER THAN THOSE RELATING TO PREMATURE STATUS.
4 = EXTRAMURAL BIRTH - A BABY DELIVERED IN A NONSTERILE ENVIRONMENT.
5-8 = RESERVED FOR NATIONAL ASSIGNMENT.
9 = INFORMATION NOT AVAILABLE.

SOURCE:
UNIFORM BILL 82, FORM HCFA-1450, ITEM 18

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
117. TYPE OF ADMISSION	CHAR	1	515	515	THIS FIELD SPECIFIES THE BASIC TYPES OF ADMISSION FOR INPATIENT HOSPITAL STAYS. CODES: 1 = EMERGENCY (THROUGH EMERGENCY ROOM)

2 = URGENT (FIRST AVAILABLE BED)
3 = ELECTIVE
4 = NEWBORN
9 = UNKNOWN

SOURCE:
UNIFORM BILL 82, FORM HCFA-1450, ITEM 17

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
118. INTERMEDIARY NUMBER	CHAR	5	516	520	THIS FIELD SPECIFIES THE IDENTIFYING NUMBER OF THE INTERMEDIARY PROCESSING THE BILL. EDIT-RULES: FOR THE FIRST TWO POSITIONS: 00 = BLUE CROSS NN = COMMERCIAL PLAN CODES: 00010 = ALABAMA BC 00020 = ARKANSAS BC 00030 = ARIZONA BC

00040 = CALIFORNIA BC
00050 = NEW MEXICO BC/CO
00060 = CONNECTICUT BC
00070 = DELAWARE BC
00080 = FLORIDA BC
00090 = FLORIDA BC
00101 = GEORGIA BC
00121 = ILLINOIS BC
00130 = INDIANA BC/ADMINISTAR FEDERAL
00140 = IOWA BC
00150 = KANSAS BC
00160 = KENTUCKY BC
00180 = MAINE BC
00190 = MARYLAND BC
00200 = MASSACHUSETTS BC
00210 = MICHIGAN BC
00220 = MINNESOTA BC
00230 = MISSISSIPPI BC
00231 = MISSISSIPPI BC/LA
00232 = MISSISSIPPI BC
00241 = MISSOURI BC
00250 = MONTANA BC
00260 = NEBRASKA BC
00270 = NEW HAMPSHIRE/VT BC
00280 = NEW JERSEY BC
00290 = NEW MEXICO BC
00308 = EMPIRE BC
00310 = NORTH CAROLINA BC
00320 = NORTH DAKOTA BC
00332 = COMMUNITY MUTUAL INS CO
00340 = OKLAHOMA BC
00350 = OREGON BC
00351 = OREGON BC/ID.
00355 = OREGON-CWF
00362 = INDEPENDENCE BC
00363 = VERITUS, INC (PITTS)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS

					00370 = RHODE ISLAND BC 00380 = SOUTH CAROLINA BC 00390 = TENNESSEE BC 00400 = TEXAS BC 00410 = UTAH BC 00423 = VIRGINIA BC 00430 = WASHINGTON/ALASKA BC 00450 = WISCONSIN BC 00460 = WYOMING BC 00468 = N CAROLINA BC/CPRTIVA 00993 = BC/BS ASSOC. 17120 = HAWAII MEDICAL SERVICE 50333 = TRAVELERS 51051 = AETNA CALIFORNIA 51070 = AETNA CONNECTICUT 51100 = AETNA FLORIDA 51140 = AETNA ILLINOIS 51390 = AETNA PENNSYLVANIA 52280 = MUTUAL OF OMAHA 57400 = COOPERATIVE, SAN JUAN, PR 61000 = AETNA SOURCE: FROM THE FISCAL INTERMEDIARY
119. ADMISSION DIAGNOSIS CODE	CHAR	5	521	525	THIS FIELD SPECIFIES THE ICD-9 DIAGNOSIS CODE AT THE TIME OF ADMISSION. EDIT-RULES: NUMERIC SOURCE: UNIFORM BILL 82, FORM HCFA-1450
120. FILLER	CHAR	1	526	526	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
121. FILLER	CHAR	1	527	527	STANDARD ALIAS: FILLER

					SAS ALIAS: FILLER
122. ADMISSION TO DATE OF DEATH INTERVAL	NUM	5	528	532	THIS FIELD SPECIFIES THE NUMBER OF DAYS FROM THE BENEFICIARY'S ADMISSION TO THE DATE OF DEATH. 5 DIGITS EDIT-RULES: NUMERIC SOURCE: MEDPAR
123. CURRENT DIAGNOSIS RELATED GROUP (DRG) CODE	NUM	3	533	535	THIS FIELD SPECIFIES THE MAPPED DRG FOR THIS FISCAL YEAR. EACH DRG REPRESENTS BROAD CLINICAL CATEGORIES THAT ARE BASED ON BODY SYSTEM INVOLVEMENT AND

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					DISEASE ETIOLOGY. EACH CATEGORY IS SIMILAR IN ITS USE OF DIAGNOSTIC RESOURCES AND IS USING SPECIFIC GUIDELINES. EACH CATEGORY MUST HAVE BEEN CLINICALLY CONSISTENT, HAD A SUFFICIENT NUMBER OF PATIENTS, AND COVERED THE COMPLETE RANGE OF DIAGNOSES REPRESENTED IN THE ICD-9-CM WITHOUT OVERLAP. THE CATEGORIES WERE DEVELOPED BY A YALE UNIVERSITY RESEARCH TEAM AND REVISED BY HEALTH SERVICES INTERNATIONAL, INC. 3 DIGITS EDIT-RULES: NUMERIC

						DERIVATION: THE BILLED DRG, DIAGNOSTIC, AND PROCEDURE CODES ARE EVALUATED TO PRODUCE A CURRENT DRG. LIMITATIONS: DRG 467 AND DRG 470 ARE CATEGORIES WHICH COULD NOT BE ACCURATELY CLASSIFIED INTO VALID DRG'S.
124.	PROPOSED DIAGNOSIS RELATED GROUP (DRG) CODE	NUM	3	536	538	THIS FIELD PROJECTS DRG CODES FOR THE NEXT FISCAL YEAR. EACH DRG REPRESENTS BROAD CLINICAL CATEGORIES THAT ARE BASED ON BODY SYSTEM INVOLVEMENT AND DISEASE ETIOLOGY. EACH CATEGORY IS SIMILAR IN ITS USE OF DIAGNOSTIC RESOURCES AND IS USING SPECIFIC GUIDELINES. EACH CATEGORY MUST HAVE BEEN CLINICALLY CONSISTENT, HAD A SUFFICIENT NUMBER OF PATIENTS, AND COVERED THE COMPLETE RANGE OF DIAGNOSES REPRESENTED IN THE ICD-9-CM WITHOUT OVERLAP. THE CATEGORIES WERE DEVELOPED BY A YALE UNIVERSITY RESEARCH TEAM AND REVISED BY HEALTH SERVICES INTERNATIONAL, INC. 3 DIGITS EDIT-RULES: NUMERIC DERIVATION: THE BILLED DRG, DIAGNOSTIC, AND PROCEDURE CODES ARE EVALUATED TO PRODUCE A PROPOSED DRG. LIMITATIONS: DRG 467 AND DRG 470 ARE CATEGORIES WHICH COULD NOT BE ACCURATELY CLASSIFIED INTO VALID DRG'S.
125.	FILLER	CHAR	12	539	550	STANDARD ALIAS: FILLER SAS ALIAS: FILLER